

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32820

FEB OCT 4 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8803

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1847 N. Broadway			d. STREET ADDRESS (If rural, give location) 26 1847 N. Broadway		
3. NAME OF DECEASED (Type or Print) a. (First) Harrell b. (Middle) M c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 19, 1901	9. AGE (In years last birthday) 51	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Ruberoid Roof.		11. BIRTHPLACE (City and State or Foreign Country) Elkville, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Carter		13b. MOTHER'S MAIDEN NAME Rose George	
14. NAME OF HUSBAND OR WIFE Lora Carter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No nil		16. SOCIAL SECURITY NO. 493-05-2725	
17. INFORMANT'S SIGNATURE OR NAME Lora Carter, 1847 N. Broadway		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis INTERVAL BETWEEN ONSET AND DEATH Several years Several years		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 4222A	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Jan 15, 1952, to Sept 19, 1952, that I last saw the deceased alive on Sept 18, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.	
23a. SIGNATURE Albert H. Hoppe		23b. ADDRESS 706 Walton		23c. DATE SIGNED 9-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9/20/52		24c. NAME OF CEMETERY OR CREMATORY Halliday Boro	
24d. LOCATION (City, town, or county) (State) Elkville, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington		25. ADDRESS	
DATE REC'D BY LOCAL REG. SEP 20 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~, or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.